



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1543

DATE: September 1, 2015

TO: Iowa Medicaid Ambulance Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Ambulance Claims Processing Changes

EFFECTIVE: October 1, 2015

Effective October 1, 2015, the IME will no longer require a “run report” be submitted with an ambulance claim. Claims will be accepted electronically and adjudicated based on the level of service billed with the exception of claims containing more than one base rate code or a modifier beginning with an “H”. Claim lines with a pick-up location “H” which begin with or contain more than one base rate will continue to require supporting documentation.

Providers must maintain documentation of the medical necessity for the transport as defined in the Iowa Administrative Code 441-79.3. This documentation must be retained for no less than seven years. It is the responsibility of the ambulance supplier to maintain complete and accurate documentation to demonstrate the ambulance service being furnished meets medical necessity and level of service criteria.

The IME conducts post-pay review on paid ambulance claims to ensure the level of service billed was appropriate. Post-pay review will confirm the level of care, as defined in Informational Letter [1497](#)¹.

Billing Tips

- The base rate line should be the first line on the claim. Each claim should also contain the mileage.
- A0998, Ambulance Response and Treatment, No Transport, is the only code that will process without a modifier. This is the only procedure code that does not require another service on the claim.
- All ambulance claims require a valid diagnosis code.
- All ambulance base rate codes require an additional two-letter modifier. Use the first letter to identify the location of the pick-up and the second letter to identify the destination. Valid modifiers and their descriptions are shown below:

¹ https://dhs.iowa.gov/sites/default/files/1497_ClaimsProcessingChanges-and-Clarification.pdf

| Modifier | Description |
|-----------------|---|
| GY | Modifier GY will cause the claim to deny with the patient liable for the charges |
| D | Diagnostic or therapeutic site other than “P” or “H” when these codes are used as origin codes |
| E | Residential, domiciliary, or custodial facility |
| G | Hospital-based dialysis facility |
| H | Hospital |
| I | Site of transfer between types of ambulance vehicles (e.g., airport or helicopter pad) |
| J | Non-hospital-based dialysis facility |
| N | Skilled nursing facility (SNF) |
| P | Physician’s office (includes HMO non-hospital facility, clinics, etc.) |
| R | Residence |
| S | Scene of accident or acute event |
| X | (Destination code only) intermediate stop at physician’s office on the way to the hospital (includes HMO non-hospital facility, clinic, etc.) |

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or email at imeproviderservices@dhs.state.ia.us.